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### **Northern District Of Illinois Western Division**

Trustee's Final Report

In Re: THOMAS J. LEWIS & ROBIN L. LEWIS

6242 WEAVER ROAD ROCKFORD, IL 61114 Case Number: 05-72246

SSN-xxx-xx-6721 & xxx-xx-0349

Case filed on: 5/5/2005 Plan Confirmed on: 10/14/2005

D Dismissed

Detail of Disbursements below: Total funds received and disbursed pursuant to the plan: \$15,166.00

Claim #	Name of the Claimant	Claimed by the Creditor	Allowed by the Court	Principal Paid	Interest Paid
<sup>#</sup>	CLERK OF U.S. BANKRUPTCY COURT  Total Administration	0.00	0.00	0.00	0.00
772		0.00	0.00	0.00	0.00
000	ATTORNEY DAVID H CARTER	2,700.00	2,700.00	2,700.00	0.00
	Total Legal	2,700.00	2,700.00	2,700.00	0.00
204	PIERCE AND ASSOCIATES Total Legal	0.00 0.00	0.00 0.00	0.00 0.00	0.00 0.00
999	THOMAS J. LEWIS  Total Debtor Refund	0.00 0.00	0.00 0.00	0.00 0.00	0.00 0.00
002 003 004	JP MORGAN CHASE BANK NA/BANK ONE COUNTRYWIDE HOME LOANS COUNTRYWIDE HOME LOANS Total Secured	17,500.00 130,530.77 7,103.32 155,134.09	17,500.00 0.00 7,103.32 24,603.32	5,369.29 0.00 2,977.16 8,346.45	3,191.19 0.00 0.00 3,191.19
001	AARONS RENTAL	0.00	0.00	0.00	0.00
002	JP MORGAN CHASE BANK NA/BANK ONE	1,263.72	88.46	0.00	0.00
005	AAT INFA RED	0.00	0.00	0.00	0.00
006	ALL GREEN	0.00	0.00	0.00	0.00
007	ASPIRE VISA	0.00	0.00	0.00	0.00
008	BAKER, MILLER, MARKOFF & KRANSY	0.00	0.00	0.00	0.00
009	BROOKSIDE MEDICAL CLINIC CHADWICKS CITY OF ROCKFORD	0.00	0.00	0.00	0.00
010		0.00	0.00	0.00	0.00
011		0.00	0.00	0.00	0.00
012	COM ED CREDIT COLLECTION SERVICES CREDITORS PROTECTION SERVICE, INC	0.00	0.00	0.00	0.00
013		0.00	0.00	0.00	0.00
014		3,163.06	221.41	0.00	0.00
015	DENNIS A BREBNER & ASSOCIATES FEATURE FILMS FOR FAMILYS FEDERAL COLLECTIONS, INC.	0.00	0.00	0.00	0.00
016		0.00	0.00	0.00	0.00
017		0.00	0.00	0.00	0.00
018	FMS FOREST CITY PHYSICAL THERAPY FREEDOM DRUGS	0.00	0.00	0.00	0.00
019		72.60	5.08	0.00	0.00
020		0.00	0.00	0.00	0.00
021	HOUSEHOLD BANK ATTENTION LLC LYDIA MEYER, TRUSTEE	0.00	0.00	0.00	0.00
022		0.00	0.00	0.00	0.00
023		0.00	0.00	0.00	0.00
024	NICOR GAS NORTH SHORE AGENCY OSF ST ANTHONY MEDICAL CENTER	731.21	51.18	0.00	0.00
025		0.00	0.00	0.00	0.00
026		0.00	0.00	0.00	0.00
027	PHYSICIANS IMMEDIATE CARE	0.00	0.00	0.00	0.00
028	PROVIDIAN	0.00	0.00	0.00	0.00
029	RADIOLOGY CONSULTANTS ROCKFORD	0.00	0.00	0.00	0.00
030	RECEIVABLE MANAGEMENT SOLUTION	0.00	0.00	0.00	0.00
031	ROBERT MITCHELL	0.00	0.00	0.00	0.00
032	ROCKFORD MERCANTILE AGENCY INC	2,011.00	140.77	0.00	0.00
033	ROCK RIVER WATER RECLAMATION SEEBER FOOT & ANKLE CLINIC CREDITORS BANKRUPTCY SERVICE SWEDISH AMERICAN HOSPITAL	282.84	19.80	0.00	0.00
034		0.00	0.00	0.00	0.00
035		356.26	24.94	0.00	0.00
036		0.00	0.00	0.00	0.00
037	UNIFUND	0.00	0.00	0.00	0.00
038	ATTORNEY TERRY HOSS &	40.00	2.80	0.00	0.00
039	CAPITAL ONE	574.66	40.23	0.00	0.00
040	CAPITAL ONE Total Unsecured	463.68 8,959.03	32.46 627.13	0.00 0.00	0.00 0.00
	Grand Total:	166,793.12	27,930.45	11,046.45	3,191.19

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**Northern District Of Illinois Western Division** 

Total Paid Claimant: \$14,237.64 Trustee Allowance: \$928.36 Percent Paid Unsecured: 0.00

Wherefore, your petitioner prays that a final Decree be entered discharging the trustee and the trustee's surety from any and all liablility on account of the within proceedings, and closing the estate, and for such other relief as is just. Pursuant to FRBP, I hereby certify that the subject case has been fully administered.

Report Dated:

/s/ Lydia S. Meyer Lydia S. Meyer, Trustee

This is to certify that a copy of this notice has been mailed to the debtor and the debtor's attorney.

Dated at Rockford, IL on 04/18/2008

By /s/Heather M. Fagan